

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26931

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Je Paul Hospital*)

File No.....
Registered No. **7164**
St. Ward)

2. FULL NAME

Carl Kerner

(a) Residence, No. *4114 Lexington Ave.* 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Hilda Kerner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 20 1891</i>		
7. AGE <i>43</i>	YEARS <i>5</i>	MONTHS <i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Clerk</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stamilton, Ill*

13. NAME *Ernest Kerner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Rosina Weiss*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Hilda Kerner*
(ADDRESS) *4114 Lexington*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bartholomew* DATE *July 23 1934*

19. UNDERTAKER *Reider, under Funeral Home*
(ADDRESS) *1936 St. Louis Ave*

20. FILED *21 1934* *Jo. J. Bredeek*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21 1934*

22. I HEREBY CERTIFY That I attended deceased from *July 17 1934* to *July 19 1934*

I last saw *him* alive on *July 19 1934* Death is said to have occurred on the date stated above, at *10:30 A.M.*

The principal cause of death and related causes of importance were as follows:

chronic bronchopneumonia, infarct
acute uremia 2 days
chronic myocarditis

131
132

Other contributory causes of importance:

132
131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. A. Marder* M. D.

(Address) *3155 N. Vandeventer Ave*
St. Louis

